

Atlantic Training Center

Presents:

Bloodborne Pathogens

2 CEUs

Berkeley Heights Rescue Squad

378 Snyder Ave.

Berkeley Heights, NJ 07922

April 15, 2009 19:00 - 21:00

Non-affiliated EMTs Fee: \$20.00

PRE-REGISTRATION IS REQUIRED!

Please complete bottom portion of this form and return with completed certificate of eligibility portion or payment to:

Atlantic Training Center

P.O. Box 220

Internal Box 256

Summit, NJ 07902

Fax: 908-522-5394

PLEASE PRINT:

Name: _____ Address: _____
Town/Zip: _____ Day Phone: _____
OEMS ID#: _____ DOB: _____ Affiliation: _____
Email Address: _____ Add to our email mailing list (otherwise emails sent for this class only)

Office Use Only: Cert of Elig: _____ Ck #: _____ Amt: \$ _____

Berkeley Heights Rescue Squad - Bloodborne Pathogens - 4/15/2009

Volunteers eligible for NJ EMT Training Fund must have the following completed:

EMT Training Fund Certificate of Eligibility

Student Name: _____ Vol. EMS Agency: _____
Address: _____ County: _____
Course Site: Berkeley Heights Rescue Squad
OEMS ID #: _____ Course Start Date: 4/15/2009

The undersigned verifies that:

1. All of the information above is true and accurate.
2. The EMT student listed above is a member or perspective member of a volunteer ambulance, first aid, or rescue squad and is eligible for reimbursement of EMT training expenses in accordance with NJAC 8:40A.

Verified by: _____ Title: _____
(Principal Officer's Signature)

Principal Officer's Name (PRINTED): _____

NOTICE: It is a crime for any person to knowingly or willfully provide false information on this application, or make deliberately misleading statements regarding the eligibility of applicants. (NJSA 2C:21-4(a)).

PHONE: 908-522-2323 or 908-522-5395

Friday, February 27, 2009

FAX: 908-522-5394